

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND               |                                   |                                      |                |          |  |
|---|-----------------------------------|--------------------------------------|----------------|----------|--|
| 1 Date of Request: <u>11-30-05</u>          |                                   | 2 Serial/Patent # <u>10/521 470</u>  |                |          |  |
| 3 Please refund the following fee(s):       |                                   | 4 PAPER NUMBER                       | 5 DATE FILED   | 6 AMOUNT |  |
| <input type="checkbox"/>                    | Filing                            |                                      |                | \$       |  |
| <input type="checkbox"/>                    | Amendment                         |                                      |                | \$       |  |
| <input type="checkbox"/>                    | Extension of Time                 |                                      |                | \$       |  |
| <input type="checkbox"/>                    | Notice of Appeal/Appeal           |                                      |                | \$       |  |
| <input type="checkbox"/>                    | Petition                          |                                      |                | \$       |  |
| <input type="checkbox"/>                    | Issue                             | Refund Ref: 12/01/2005               | 003000 7274    | \$       |  |
| <input type="checkbox"/>                    | Cert of Correction/Terminal Disc. | Credit Card                          | Refund Total:  | \$100.00 |  |
| <input type="checkbox"/>                    | Maintenance                       | Am Exp.: XX                          | XXXXXXXXXX1040 | \$       |  |
| <input type="checkbox"/>                    | Assignment                        |                                      |                | \$       |  |
| <input type="checkbox"/>                    | Other                             |                                      |                | \$       |  |
|   |                                   | 7 TOTAL AMOUNT OF REFUND             |                | \$       |  |
|   |                                   | 8 TO BE REFUNDED BY:                 |                |          |  |
|   |                                   | Treasury Check                       |                |          |  |
| 10 REASON:                                  |                                   | Credit Deposit A/C #:                |                |          |  |
| <input type="checkbox"/>                    | Overpayment                       | Refund Ref: 12/01/2005               |                |          |  |
| <input type="checkbox"/>                    | Duplicate Payment                 | 003000 275                           |                |          |  |
| <input type="checkbox"/>                    | No Fee Due (Explanation):         | Credit Card Refund Total: 100.00     |                |          |  |
| Am Exp.: XXXXXXXXXXXX1040                   |                                   |                                      |                |          |  |
| 11 REFUND REQUESTED BY:                     |                                   |                                      |                |          |  |
| TYPED/PRINTED NAME: <u>Barbara Campbell</u> |                                   | TITLE: _____                         |                |          |  |
| SIGNATURE: <u>[Signature]</u>               |                                   | PHONE: _____                         |                |          |  |
| OFFICE: <u>PCT/DA/EO</u>                    |                                   | Adjustment date: 12/01/2005 BCAMPBEL |                |          |  |
| *****                                       |                                   |                                      |                |          |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:   |                                   |                                      |                |          |  |
| APPROVED: _____                             |                                   | DATE: _____                          |                |          |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**